

Attachment A

Quarterly Report on Mental Health Services Utilization for Children/Youth in the Child Welfare System

*Reporting Period: October 1, 2015 to September 30, 2016
Produced in July 2017*

Section I: Background

To inform efforts to improve mental health service delivery to children in the Child Welfare System (CWS), the California Department of Social Services (CDSS) is working with the Department of Health Care Services (DHCS) to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual [Performance Outcomes System \(POS\) reports](#) summarizing SMHS Medi-Cal claims data for children in the CWS.¹ CDSS' quarterly reports not only increase reporting frequency using the matched data, but also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, psychotropic medication in conjunction with SMHS). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

Section II: Methodology

This quarterly report provides SMHS utilization for: 1) children with an open child welfare case; and 2) the subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period). Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on June 20, 2017, and reflect SMHS utilization for these two groups that occurred from October 1, 2015, through September 30, 2016. Throughout this report, "penetration rates," defined as one or more days of SMHS, and "engagement rates," defined as five or more days of SMHS, are provided to reflect SMHS utilization for the various subgroups.² These rates are calculated by obtaining the percent of the total number of children.

¹ SDMC data are extracted from the DHCS MIS/DSS. The most recent POS report includes data extracted on August 3, 2016, for State Fiscal Years (SFY) 2011-2012 through 2014-2015.

² The definitions for "penetration" and "engagement" were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS POS.

Section III: Overall SMHS Utilization

SMHS Utilization by Population Groupings

Table 1 shows that during this period, 124,350 children had an open child welfare case. Of these children, **42.7 percent** (53,143) had one or more days of SMHS claims and **32.0 percent** (39,784) had **five or more** days of SMHS claims, which indicates that **74.9 percent** of those with one or more days of SMHS claims had **five or more** days of SMHS claims.

Of the 124,350 children with an open child welfare case, 80,385 were in foster care at some point during the reporting period. Of these children in foster care, **47.9 percent** (38,467) had one or more days of SMHS claims and **36.3 percent** (29,204) had **five or more** days of SMHS claims during their time in foster care, which indicates that **75.9 percent** of those with one or more days of SMHS claims had **five or more** days of SMHS claims.

Table 1: Specialty Mental Health Service Utilization – Federal Fiscal Year (FFY) 2016^{1,2}

	Unique Count of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Children with Open Cases	124,350	53,143	42.7%	39,784	32.0%
Children in Foster Care	80,385	38,467	47.9%	29,204	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

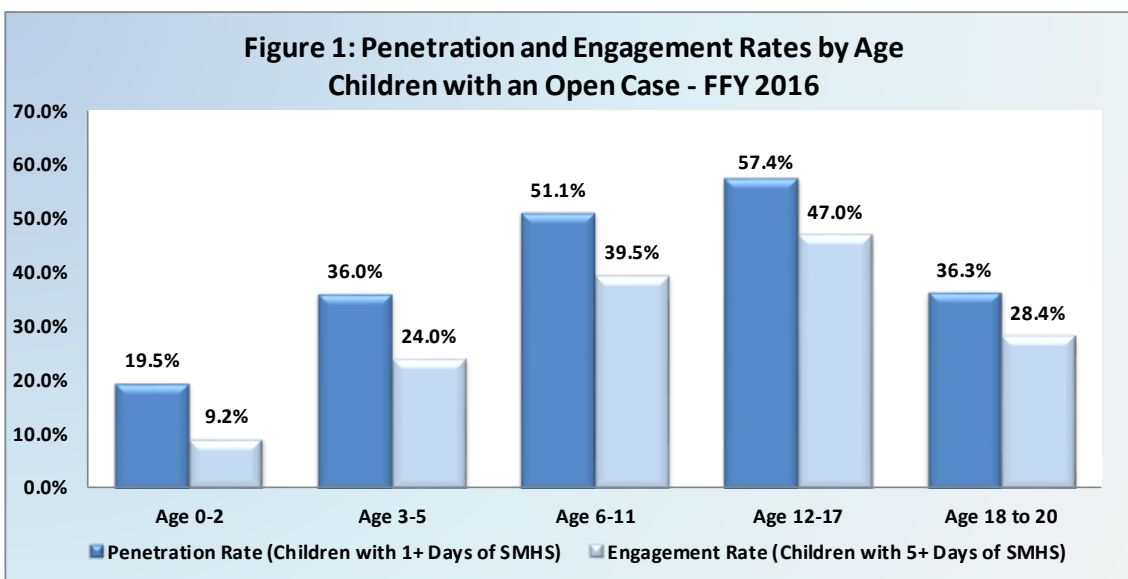
Section IV: Children/Youth with an Open Child Welfare Case - SMHS Utilization

This section presents SMHS data on the overall population of children with an open child welfare case during FFY 2016.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by Age Group

Figure 1 and Table 2 present SMHS data for children by age group. This report includes an additional age breakout compared to POS reports – 0-5 year olds were split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3. While some SMHS may be provided prior to age 3, many treatments begin at age 3. Thus, the additional breakout was included to illustrate the increase in access to care that begins at age 3.

Children/youth between the ages of 12 and 17 had the highest engagement rate (47.0 percent) while children age 0 to 2 had the lowest engagement rate (9.2 percent).



Note:

Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 2: Specialty Mental Health Services by Age Group for Children in an Open Child Welfare Case – FFY 2016^{1,2}

Child Age ³	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	22,402	18.0%	4,365	19.5%	2,055	9.2%
3-5	22,239	17.9%	8,015	36.0%	5,333	24.0%
6-11	35,858	28.8%	18,317	51.1%	14,179	39.5%
12-17	30,967	24.9%	17,768	57.4%	14,560	47.0%
18 to 20	12,884	10.4%	4,678	36.3%	3,657	28.4%
Total	124,350	100%	53,143	42.7%	39,784	32.0%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

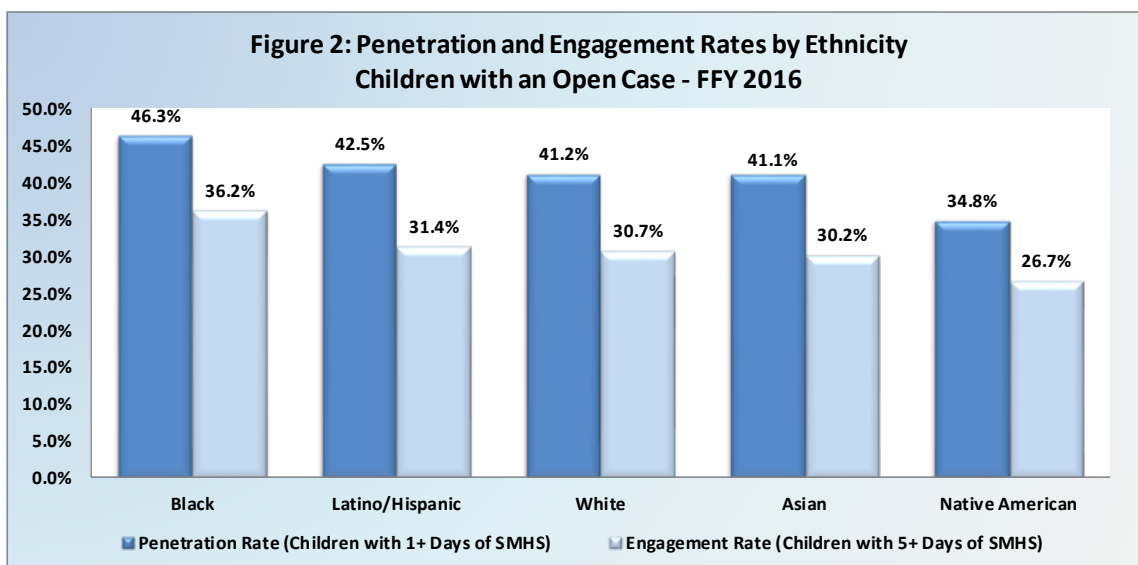
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Age is calculated as of the last day of the reporting period.

Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by CDSS Race/Ethnicity

As illustrated in Figure 2 and Table 3 below, the percentage of children with an open child welfare case who received five or more days of SMHS did not differ greatly by ethnicity. A slightly higher proportion (36.2) of Black children received five or more days of services. Engagement rates for Latino, non-Latino White, and Asian American children were comparable (31.4, 30.7, and 30.2, respectively). Native American children had the lowest engagement rates (26.7%). Differences must be interpreted with caution as statistical tests were not conducted to determine whether these differences reflect true population differences or random statistical variation.

Note: The race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 3: Specialty Mental Health Services by Race/Ethnicity for Children in an Open Child Welfare Case – FFY 2016^{1, 2}

Race/Ethnicity ³	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	23,811	19.1%	11,020	46.3%	8,622	36.2%
White	70,067	56.3%	29,794	42.5%	21,975	31.4%
Latino/Hispanic	25,599	20.6%	10,537	41.2%	7,869	30.7%
Asian	2,898	2.3%	1,191	41.1%	875	30.2%
Native American	1,452	1.2%	506	34.8%	388	26.7%
Missing	523	0.4%	95	18.2%	55	10.5%
Total	124,350	100%	53,143	42.7%	39,784	32.0%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Children/Youth with an Open Child Welfare Case: SMHS Utilization by Type of Service

According to claims data, 97.3 percent of the 53,143 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (39.9 percent) and Medication Support services (23.5 percent; see Table 4).

Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – FFY 2016^{1,2}

SMHS Types³	# of Children with One or More SMHS⁴ (53,143)	% of Children with One or More SMHS
Mental Health (MH) Services	51,713	97.3%
Case Management	21,193	39.9%
Medication Support	12,514	23.5%
Intensive Case Coordination (ICC)	10,790	20.3%
Intensive Home Based Services	7,986	15.0%
Crisis Intervention	3,436	6.5%
Therapeutic Behavioral Services (TBS)	2,731	5.1%
Inpatient	1,992	3.7%
Crisis Stabilization	1,848	3.5%
Day Rehabilitation	592	1.1%
Day Treatment	279	0.5%
Psychiatric Health Facility (PHF)	181	0.3%
Crisis Residential	38	0.1%
Adult Residential	*	

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

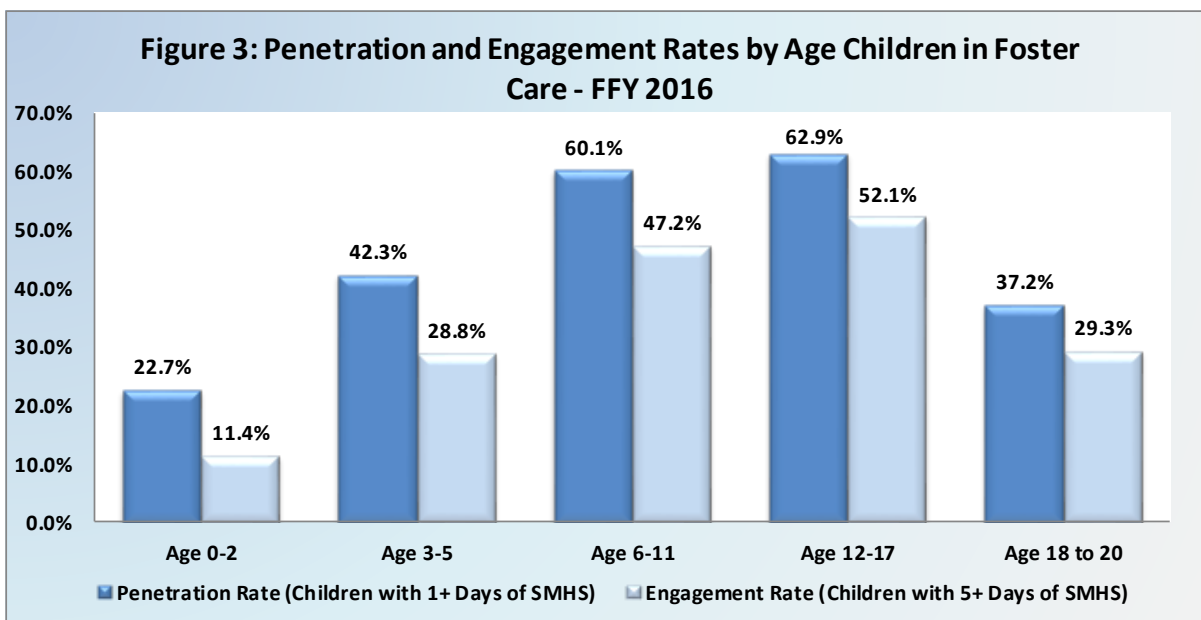
⁴ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Section V: Children/Youth in Foster Care - SMHS Utilization

This section presents SMHS data on the subset of children and youth with an open child welfare case who also resided in an out-of-home placement (in foster care) at some point during the time period under review. *Note: In this section, the number of children used to calculate penetration rates (38,467) and engagement rates (29,204) exclude children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,637 children received their SMHS while they were in their homes.*

Children/Youth in Foster Care: Penetration and Engagement Rates by Age Groups

As noted above, an additional age breakout category was added in this report (compared to POS reports) to capture variation in claims for children ages 0-2 and 3-5. As shown in Figure 3 and Table 5, a greater proportion of school age and adolescent children (age 6-11 and 12-17) received five or more days of SMHS (engagement rates are 47.2 percent and 52.1 percent, respectively) when compared to children ages 0-2 (11.4 percent), 3-5 (28.8 percent), and 18-20 (29.3 percent).



Note:

Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 5: Specialty Mental Health Services by Age Group for Children in Foster Care – FFY 2016^{1, 2}

Child Age ³	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	14,740	18.3%	3,348	22.7%	1,679	11.4%
3-5	13,751	17.1%	5,820	42.3%	3,957	28.8%
6-11	20,610	25.6%	12,389	60.1%	9,730	47.2%
12-17	20,487	25.5%	12,889	62.9%	10,675	52.1%
18 to 20	10,797	13.4%	4,021	37.2%	3,163	29.3%
Total	80,385	100%	38,467	47.9%	29,204	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

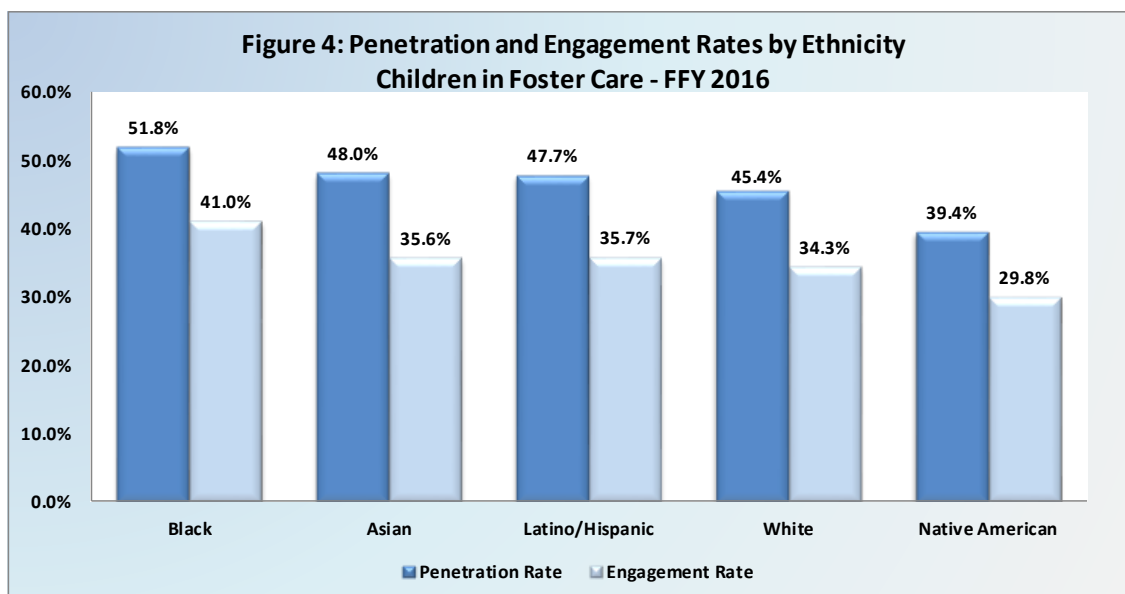
² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Age is calculated as of the last day of the reporting period.

Children/Youth in Foster Care: Penetration and Engagement Rates by CDSS Race/Ethnicity

Similar to the findings for the larger group of children with an open child welfare case, children in foster care with SMHS claims did not differ greatly by ethnicity (see Figure 4 and Table 6).

Note: the race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



Note:

Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

Table 6: Specialty Mental Health Services by Race/Ethnicity for Children in Foster Care – FFY 2016^{1, 2}

Race/Ethnicity ³	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	16,844	21.0%	8,722	51.8%	6,903	41.0%
Asian	1,714	2.1%	822	48.0%	610	35.6%
Latino/Hispanic	42,138	52.4%	20,086	47.7%	15,035	35.7%
White	18,416	22.9%	8,365	45.4%	6,308	34.3%
Native American	1,043	1.3%	411	39.4%	311	29.8%
Missing	230	0.3%	61	26.5%	37	16.1%
Total	80,385	100%	38,467	47.9%	29,204	36.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

SMHS Utilization by CWS Placement Type

As noted previously, 80,385 children with an open child welfare case were in foster care during this time period and of these children, 38,467 received a SMHS. Penetration rates differed by placement type for children in foster care. A higher proportion of children in group homes and county shelters/receiving homes received SMHS (70.7 and 74.1 percent, respectively) than children in other placements (see Table 7). More than half of children placed in foster family homes received one or more SMHS during this time period.

Table 7: Specialty Mental Health Services by Placement Type for Children in Foster Care – FFY 2016^{1, 2}

Last Placement Type ³	Total # of Children	Children with 1+ Days of SMHS	Penetration Rate
County Shelter/Receiving Home	216	160	74.1%
Group Home	8,378	5,923	70.7%
Foster Family Home	7,749	4,269	55.1%
Foster Family Agency Certified Home	20,331	11,186	55.0%
Relative/NREFM Home	27,816	13,247	47.6%
Non-Foster Care	1,063	470	44.2%
Guardian Home	2,397	716	29.9%
Court Specified Home	252	55	21.8%
Supervised Independent Living Placement	3,567	733	20.5%
Pre-Adoptive	6,259	1,069	17.1%
Missing	720	639	88.8%
Total (not including children served while in home)	78,748	38,467	
In Foster Care at Some Point During Time Period but Served Only While in Home	1,637		
Total	80,385	38,467	47.9%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Placement Type was determined by identifying the child's placement as of the last date of service for those with a SMHS claim, and the child's last placement during the time period for those without a SMHS claim.

⁴ Includes children whose placement was in an 'Other' facility (ex. hospital, juvenile hall).

To further characterize mental health utilization for children residing in group homes, penetration rates were examined by group home Rate Classification Level (RCL). RCLs are funding categories which reflect the intensity of services provided at the group home. Group homes are categorized from a level 5 (at the lowest level of service intensity) to a level 14, reflecting the highest intensity of services provided. Thus, children and youth residing in higher level RCLs generally need a higher level of care and supervision than children in lower level RCLs. Analysis of claims data suggests that penetration rates are generally higher for children and youth in higher RCL homes than for those in lower RCL homes (see Table 8). Penetration rates were highest in RCL 14 homes: 95.3 percent of child welfare supervised and 92.8 percent of probation supervised children and youth in these homes had one or more days of SMHS.

Table 8: Specialty Mental Health Services by Group Home RCLs for Children in Foster Care – FFY 2016^{1, 2}

Group Home RCL	Total # of Children	Percent by RCL	Children with 1+ Days of SMHS	Penetration Rate
Child Welfare Supervised Group Home RCL				
5 to 9	312	6.3%	245	78.5%
10	562	11.3%	432	76.9%
11	631	12.7%	471	74.6%
12	2,522	50.7%	2,146	85.1%
14	400	8.0%	381	95.3%
Unknown or No RCL ³	544	10.9%	398	73.2%
Total	4,971	100%	4,073	81.9%
Probation Supervised Group Home RCL				
5 to 9	36	1.1%	0	0.0%
10	640	18.8%	191	29.8%
11	232	6.8%	66	28.4%
12	2,078	61.0%	1,447	69.6%
14	97	2.8%	90	92.8%
Unknown or No RCL ³	324	9.5%	45	13.9%
Total	3,407	100%	1,850	54.3%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ Group homes with unknown or no RCLs are located out of state or do not receive a federal AFDC-FC payment (examples include regional center homes and county-run facilities).

Children/Youth in Foster Care: SMHS Utilization by Type of Service

According to claims data, 97.0 percent of the 38,467 children in foster care who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (40.6 percent) and Medication Support services (26.2 percent; see Table 9).

Table 9: Specialty Mental Health Service by Types for Children in Foster Care – FFY 2016^{1, 2}

SMHS Types³	# of Children with One or More SMHS while in Foster Care⁴ (38,467)	% of Children with One or More SMHS
Mental Health (MH) Services	37,296	97.0%
Case Management	15,604	40.6%
Medication Support	10,063	26.2%
Intensive Case Coordination (ICC)	7,874	20.5%
Intensive Home Based Services	5,377	14.0%
Crisis Intervention	2,595	6.7%
Therapeutic Behavioral Services (TBS)	2,215	5.8%
Inpatient	1,480	3.8%
Crisis Stabilization	1,485	3.9%
Day Rehabilitation	551	1.4%
Day Treatment	242	0.6%
Psychiatric Health Facility (PHF)	160	0.4%
Crisis Residential	29	0.1%
Adult Residential	*	*

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

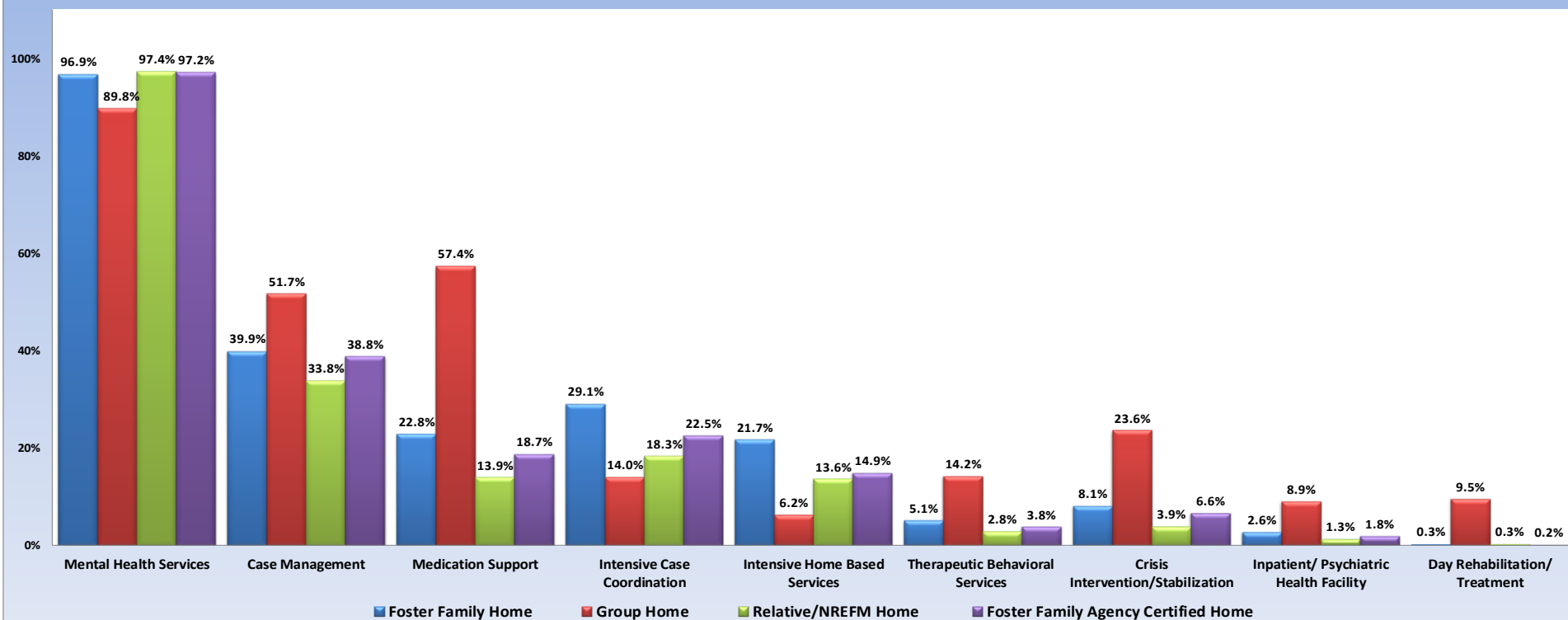
³ For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

⁴ Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Further analysis of SMHS utilization by service type examines children served by placement facility type. Figure 5 and Table 10 display the number and percent of children served within the four main placement facility types by the type of SMHS claim. For example, 96.9 percent of children who had a claim for SMHS while placed in foster family homes had a claim for Mental Health Services while 89.8 percent of children who had a claim for SMHS while placed in group homes had a claim for Mental Health Services.

Results indicate that a higher percentage of children served while in group homes have claims for crisis services, inpatient, and day rehabilitation/treatment, and a lower percentage of children had claims for ICC and IHBS relative to children served while in family home placement settings. The low percentages of children in group homes receiving ICC and IHBS are consistent with policies in place that restrict the use of ICC and IHBS services in group homes.

Figure 5: Of Children with a SMHS Claim, Percent with Each SMHS Claim Type by Placement Facility Type
FFY 2016



Note:

Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services

Table 10: Of Children with a SMHS Claim, Number and Percent with Each SMHS Claim Type by Placement Facility Type – FFY 2016^{1,2}

Placement Facility Type	Total Child Count ⁴	Mental Health Services ³		Case Management		Medication Support		Intensive Case Coordination		Intensive Home Based Services		Therapeutic Behavioral Services		Crisis Intervention/ Stabilization		Inpatient/ Psychiatric Health Facility		Day Rehabilitation/ Treatment	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Foster Family Home	5,473	5,301	96.9%	2,183	39.9%	1,249	22.8%	1,590	29.1%	1,188	21.7%	278	5.1%	441	8.1%	145	2.6%	14	0.3%
Group Home	7,445	6,685	89.8%	3,851	51.7%	4,272	57.4%	1,042	14.0%	460	6.2%	1,057	14.2%	1,757	23.6%	666	8.9%	707	9.5%
Relative/NREFM Home	14,656	14,281	97.4%	4,955	33.8%	2,044	13.9%	2,687	18.3%	1,996	13.6%	412	2.8%	567	3.9%	187	1.3%	41	0.3%
Foster Family Agency Certified Home	13,815	13,428	97.2%	5,360	38.8%	2,589	18.7%	3,115	22.5%	2,052	14.9%	520	3.8%	911	6.6%	252	1.8%	22	0.2%

¹ Data Source: CWS/CMS and MIS/DSS extracted on June 20, 2017.

² Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

³ For description of SMHS Types see the [Medi-Cal SMHS Supplement Document](#).

⁴ Child count is unduplicated within each placement facility type but may be duplicated across placement facility types. A child may be counted in several different placement facility types.

Children/Youth in Foster Care: SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

Statewide efforts have focused on examining the use of psychotropic medications to treat children in foster care. This report provides data regarding the utilization of SMHS by children ages 0-17 in foster care who had Medi-Cal paid claims for psychotropic medications. It should be noted that SMHS claims data include the various types of services listed in Tables 4 and 9.

As illustrated in Table 11 below, psychotropic medication claims were paid for 9,248 children and youth in foster care. Of these children, 7,885 (85.3 percent) also had a claim for at least one SMHS during the same time period, while 7,302 (79.0 percent) had five or more days of SMHS.

Of all the children who received a paid claim for a psychotropic medication, 3,237 children received at least one paid claim for an antipsychotic medication, while the remaining received a paid claim for other drug classes of psychotropic other than antipsychotic. Of the children for whom a claim for antipsychotic was paid, 86.9 percent (2,813) received at least one corresponding SMHS, while 81.5 percent received five or more days of SMHS. The penetration and engagement rates for children with a claim for antipsychotic medications were slightly higher than children on other psychotropic medications.

Table 11: Utilization of Specialty Mental Health Services for Children¹ in Foster Care with a Paid Claim for Psychotropic Medication² – FFY 2016¹

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ⁴	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
All Psychotropic	9,248	7,885	85.3%	7,302	79.0%
Antipsychotic ⁵	3,237	2,813	86.9%	2,638	81.5%
Other Psychotropic ⁶	6,011	5,072	84.4%	4,664	77.6%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2017Q1 Extract and MIS/DSS June 2017 Extract

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

⁵ Children who received at least one paid claim for an antipsychotic medication.

⁶ Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

Children/Youth in Foster Care: Timeliness of SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

The length of time between a paid claim for medication and a SMHS claim was calculated to explore the extent to which children received SMHS in conjunction with their receipt of psychotropic medication. The majority of children (96.5 percent) had a SMHS claim submitted within 30 days of their psychotropic medication claim (see Table 12).

Table 12: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service^{1, 2} – FFY 2016³

Number of Days	# of Children ⁴ with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS	Percent
30 days or less	7,607	96.5%
31-60 days	110	1.4%
61-90 days	55	0.7%
91-120 days	42	0.5%
121-365 days	71	0.9%
Total	7,885	100.0%

¹Data source: CWS/CMS 2017 Q1 Extract and MIS/DSS June 2017 Extract

²Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

³Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴Unduplicated children ages 0-17 were included.

Children/Youth in Foster Care: SMHS Utilization Excluding Medication Support for Children/Youth Who Have a Paid Claim for a Psychotropic Medication

To further characterize mental health service utilization for children in foster care receiving psychotropic medications, SMHS claims were analyzed excluding medication support. The intent of this analysis was to determine whether there were children receiving psychotropic medication who only received medication support and did not receive other SMHS. The engagement rates and timeliness of services did not differ substantially from the rates that included medication support: 79.0 percent of children with a psychotropic medication claim received a five or more day of SMHS including medication support, 76.0 percent received five or more days of SMHS excluding medication support (timeliness with medication support, 96.5 percent; timeliness without medication support 97.3 percent), see Tables 13 and 14. There were slight differences in the penetration rates between children who received medication support (85.3 percent) and those with SMHS without medication support (78.3 percent).

Table 13: Utilization of Specialty Mental Health Services Excluding Medication Support for Children¹ in Foster Care with a Paid Claim for Psychotropic Medication² – FFY 2016³

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication ⁴	Children with 1+ Days of SMHS Excluding Medication Support	Penetration Rate	Children with 5+ Days of SMHS Excluding Medication Support	Engagement Rate
All Psychotropic	9,248	7,239	78.3%	7,027	76.0%
Antipsychotic ⁵	3,237	2,613	80.7%	2,548	78.7%
Other Psychotropic ⁶	6,011	4,626	77.0%	4,478	74.5%

¹ Unduplicated children ages 0-17 were included.

² Data source: CWS/CMS 2017Q1 Extract and MIS/DSS June 2017 Extract

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

⁵ Children who received at least one paid claim for an antipsychotic medication.

⁶ Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

Table 14: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service Excluding Medication Support ^{1, 2} – FFY2016³

Number of Days	# of Children ⁴ with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS Excluding Medication Support	Percent
30 days or less	7,043	97.3%
31-60 days	79	1.1 %
61-90 days	53	0.7%
91-120 days	28	0.4%
121-365 days	36	0.5%
Total	7,239	100.0%

¹ Data source: CWS/CMS 2017Q1 Extract and MIS/DSS June 2017 Extract

² Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

³ Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

⁴ Unduplicated children ages 0-17 were included.

Section VI: Conclusion

This report presents an analysis of SMHS utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.7 percent) received at least one or more days of SMHS, and the majority of these children (74.9 percent) received five or more days of SMHS. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS. Fewer very young children (5 and younger) and older youth (18 and older) received services. A greater proportion of children in group homes received services than children in other placements. Further, the majority (85.3 percent) of children on psychotropic medication received at least one corresponding SMHS. This report represents an effort to characterize services for children in the CWS.